



CITY USE ONLY

CASE # _____

PARCEL # _____

ASSOCIATED PERMIT NUMBERS _____

CODE COMPLIANCE ACTION REQUEST

ALLEGED VIOLATOR INFORMATION:

Site Address:

Owner Name:

Mailing Address:

City / State / Zip:

Phone:

COMPLAINANT INFORMATION:

Name:

Date:

Address:

City / State / Zip:

Phone:

Email Address:

Would you like to be contacted with the results of this case? Yes No

(E-mail address and/or telephone number must be provided if you want to be contacted)

Describe the activity that violates City codes:

This submittal of the code enforcement action request is subject to public disclosure according to the public records act (RCW 42.56). This means anyone can request the release of the documents containing your name and contact information. However, information revealing the identity of persons who are witnesses to crimes or who file complaints with investigative agencies can be withheld from disclosure pursuant to RCW 42.56.240 if you believe the disclosure would endanger your life, physical safety or property.

Yes, it is OK to disclose my information No, do not disclose my information